

10 -24-0,6

PATENT

Attorney Docket No.: 22090-2

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Raghavendran et al.

Art Unit: 1711

Serial No.: 10/810,739

Examiner: Terressa M. Boykin

Filed: March 26, 2004

For: FIBER

FIBER REINFORCED THERMOPLASTIC

SHEETS WITH SURFACE COVERINGS

Mail Stop: Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith is:
 Response To Office Action (8 pgs.), in response to Office Action dated July 21, 2006
 Transmittal Form (3 pgs.), in duplicate
 Return Post Card

#### **STATUS**

| <br>Applicant |                               |
|---------------|-------------------------------|
|               | claims small entity status.   |
| $\boxtimes$   | is other than a small entity. |

## CERTIFICATE OF MAILING BY EXPRESS MAIL TO THE COMMISSIONER FOR PATENTS

Express Mail No. EV829958285US

Date: October 23, 2006

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Michael Tersillo, Reg. No. 42,180

# **EXTENSION OF TERM**

| 3.  | The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.  (complete (a) or (b), as applicable)   |                             |                                  |  |  |  |  |  |  |  |
|---|--|-----------------------------|----------------------------------|--|--|--|--|--|--|--|
|   | (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136  (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)  |                             |                                  |  |  |  |  |  |  |  |
|   | Extension for response within:   | Other than small entity Fee | Small entity Fee (if applicable) |  |  |  |  |  |  |  |
|   | first month  | \$ 120.00                   | \$ 60.00                         |  |  |  |  |  |  |  |
|   | second month   | \$ 450.00                   | \$ 225.00                        |  |  |  |  |  |  |  |
|   | third month  | \$ 1,020.00                 | \$ 510.00                        |  |  |  |  |  |  |  |
|   | fourth month   | \$1,590.00                  | \$ 795.00                        |  |  |  |  |  |  |  |
|   | fifth month  | \$2,160.00                  | \$1,080.00                       |  |  |  |  |  |  |  |
|   | ·<br>*   | Fee:                        | \$                               |  |  |  |  |  |  |  |
| If an additional extension of time is required, please consider this a petition therefor.   |  |                             |                                  |  |  |  |  |  |  |  |
| (Check and complete the next item, if applicable)   |  |                             |                                  |  |  |  |  |  |  |  |
| An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested. |  |                             |                                  |  |  |  |  |  |  |  |
| Extension fee due with this request \$  |  |                             |                                  |  |  |  |  |  |  |  |
|   | OR   |                             |                                  |  |  |  |  |  |  |  |
|   | (b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time. |                             |                                  |  |  |  |  |  |  |  |

# **FEE FOR CLAIMS**

| 4. `   | The fee   | for cla   | ims (37 <b>(</b> | C.F.R. 1.16(b          | )-(d)) has b      | een calculated as s  | hown                       |                            |
|--|---|---|------------------|------------------------|-------------------|--|----------------------------|----------------------------|
|  | (Col. 1)  |   |                  | (Col. 2)               | (Col. 3)          | SMALL ENTITY   | OTHER THAN<br>SMALL ENTITY |                            |
|  | CL<br>REMA<br>AF  | AIMS<br>AINING<br>TER   |                  | HIGHEST NO. PREVIOUSLY | PRESENT           | ADDITIONAL.  | OB                         | ADDITIONAL                 |
|  | AMEN  | IDMENT  | MINUS            | PAID FOR               | EXTRA             | RATE FEE<br>x \$25.00 = \$   | OR                         | RATE FEE<br>x \$50.00 = \$ |
| TOTAL<br>INDEP.  |   |   | MINUS            |                        | =                 | x \$100.00 = \$  |                            | x \$200.00 = \$            |
|  | FIRS  | T PRESEN  | TATION OF        | MULTIPLE DEP. (        | CLAIM             | +\$180.00 = \$   |                            | + \$360.00 = \$            |
|  |   |   |                  |                        |                   | TOTAL ADDITIONAL FEE \$  | OR                         | TOTAL ADDITIONAL FEE \$    |
|  | (a)   | $\boxtimes$   | No add           | itional fee fo         | r Claims is       | required   |                            |                            |
|  |   |   |                  |                        | OR                |  |                            |                            |
|  | (b)   |   | Total a          | dditional fee          | for claims        | required \$  |                            |                            |
|  |   |   |                  | FEH                    | E <b>PAYME</b> I  | NT   |                            |                            |
| 5.   |   | Attach  | ned is a c       | heck in the s          | um of \$          |  |                            |                            |
|  | Charge Deposit Account No. 01-2384 the sum of \$ A duplicate of this transmittal is attached. |   |                  |                        |                   |  |                            |                            |
|  |   |   |                  | FEE :                  | DEFICIEN          | NCY  |                            |                            |
| 6. If any additional extension and/or fee is required, charge Depos 01-2384. |   |   |                  |                        |                   |  |                            | sit Account No.            |
|  |   |   |                  |                        | AND/OR            |  |                            |                            |
|  | $\boxtimes$   | If any additional fee for claims is required, charge Deposit Account No. 01-2384. |                  |                        |                   |  |                            |                            |
| 7.   |   | Other:  |                  |                        |                   | ,  |                            |                            |
|  |   |   |                  |                        | Reg<br>ARI<br>One | hael Tersillo . No. 42,180 MSTRONG TEASI Metropolitan Squa Louis, MO 63102 |                            | E LLP                      |

314-621-5070